

City of Brentwood Registration Form

Please Note: Most Youth Sports registrations will require a shirt size. Class registrations DO NOT.

Person Responsible for the Account

Return Fax to: (925) 516-5445

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell/Emergency Phone: _____
REQUIRED FOR FAX OR MAIL-IN REGISTRATION CONFIRMATION. PHONE NUMBER CONTACT NAME

How did you first hear about our classes, leagues, and/or programs? ☐ Activities Guide ☐ Website ☐ Through a friend or family member

☐ Newspaper ☐ Other (please specify): _____

Participants Name	M/F	DOB	Activity Name	1st Choice <input type="checkbox"/> AND <input type="checkbox"/> OR			2nd Choice			Fee
				Class#	Shirt Size	Pant Size	Class#	Shirt Size	Pant Size	
TOTAL										

Uniform Size Guide

Shirt Sizes (Sample sizes available in Parks and Recreation office.):

Youth: YS (6/8) YM (10/12) YL (14/16)
Adult: AS (34/36) AM (38-40) AL (42-44) AXL (46-48)

Pant Sizes (ASA girls softball only):

Youth: YS (22/24) YM (26/28) YL (30/32)
Adult: AS (26/28) AM (30/32) AL (34/36) AXL (38/40)

Volunteer Coaches Needed

Volunteer coaches are always in demand. Be a big part of your child's life, be a volunteer coach. Sign below and the Recreation Department/Biddy Sports Program will contact you with more information.

Name: _____

Phone: _____ Coach Shirt Size: _____

Method of Payment

☐ Check/Money Order (Make Payable to **City of Brentwood**, 101 B Sand Creek Road, Brentwood, CA 94513)

☐ MasterCard ☐ Visa ☐ Discover Credit Card Number: _____

Credit Card Signature: _____ Expiration Date: _____

Medical Consent and Liability, Indemnity and Participation Agreement

In consideration of my own and/or the above named individual(s) participation in the programs listed above, I voluntarily release the City of Brentwood, Brentwood Union School District and Liberty Union High School District (collectively "City and Districts"), their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my and/or the individual(s) named above participation in the program. Additionally, as myself and/or as parent and/or guardian of the individual(s) named above, I do forever release and hold harmless and indemnify the City and Districts, their officers, agents, employees and volunteers from all claims or rights of action for damages which myself and/or the above named individual(s) has or may hereafter have, resulting in any way connected with myself and/or the individual(s) named above participating in this program, either before or after the individual named above reaches their age of majority. I understand that this waiver and release is applicable even though the negligent activities of the City and Districts, their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage.

In consideration of my own and/or the above named individual(s) participation in the programs listed above do hereby agree to allow the individual(s) named above to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the above signed to consent to medical, surgical and dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is further understood that this Agreement is binding on my heirs and assigns, as well as those of the individual(s) named above. I agree that pictures taken during program hours may be used for all future promotional purposes and hereby grant permission to the City to use my own or the above named individuals picture in the City's publications and the City's internet webpage. I further agree on behalf of myself and the above named individual to release and discharge the City, its officers, employees, agents, and volunteers from any and all claims or causes of action arising out of the photograph, name, image or likeness. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I agree to return upon request equipment issued to the above participants in as good condition as when received except for normal wear and tear. The City and Districts will not provide health and/or accident insurance for program participants.

I HAVE READ THIS MEDICAL CONSENT AND LIABILITY, INDEMNITY AND PARTICIPATION AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature: _____ Print Name: _____

Check all that apply: ☐ Participant ☐ Parent ☐ Legal Guardian

Date: _____